

"Specializing in Property Management"

Thank you for your interest in one of our homes.

Outlined below are the items necessary to process your application:

- Completed Rental Application from all adults (persons 18+ years of age) leasing the home.
 Note: Application Fees are \$40.00 per adult (\$20 Credit Report & Tenant Performance Report plus \$20 Administrative Costs)
- 2. Proof of Income:

Last three (3) pay check stubs with your year to date earnings or Income Tax Return or W2's, and/or Letter from employer for new employment SSI Certificate or SDI Certificate

If Self-Employed: Copy of your last two (2) years Income Tax Returns and current year's Income Reports (ex. P & L Receipts, etc.)

3. Copy of all occupants Driver's License

Our Resident approval criteria are the following:

- 1. Your household gross income must be at least three times the monthly rent.
- 2. Verifiable rental history of at least one year in good standing. (Prior eviction(s) or unlawful detainer(s) will not be accepted.
- 3. Verifiable work history of at least one year in good standing.
- 4. Credit history in good standing.

YOUR APPLICATION <u>WILL NOT</u> BE PROCESSED WITHOUT THE CORRECT FUNDS AND ALL REQUIRED DOCUMENTATION ATTACHED.

Condition of Move-in:

- 1. Hours for lease signing are Monday through Friday 9:00am to 5:00pm; Saturday by appointment only.
- 2. All utilities and garbage accounts, where applicable, must be transferred into the resident's name as of the date of possession.
- 3. Security/ Damage Deposit and first month's rent are to be paid before keys are provided. (Daily rate will be charged if keys are delivered prior to date of lease/rental agreement.)
- 4. Most properties do not allow pets and are non-smoking properties. Please inquire prior to submitting your application.

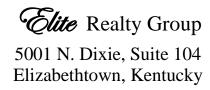
RENTAL APPLICATION

PROPERTY ADDRESS:							
Applicant Name				Date of	Birth:	/	/
Social Security No				_			
Auto Yr: Make: _			Model: _		Colo	r:	
Drivers License No.		Stat	e	Exp _			
Home Phone: ()		Work: ()		Cell: ()	
Email Address:							
Present Address:							
City:	State:		Zip Code:				
Own/Rent \$	_Dates: From		_/	/To		//_	
Notice Given to Owner/Mgr.?		Reason Fo	or Leaving: _				
Owner/Agent/Manager Name: _				Phone N	umber: ()	
Previous Address:							
City:	State:		Zip Code:	:			
Own/Rent \$Dates:	From	/	/	To	/	/	
Notice Given to Owner/Mgr.?		Reason Fo	or Leaving: _				
Owner/Agent/Manager Name: _				Phone N	umber: ()	
Spouse's Name:				Phone:			
Name/s and ages of Children:			/		/		
Pets-No Breed:							
EMPLOYMENT Present Employer:				_Dates From	/	To	/
Address:							
Work Phone: ()			_z.p couc				
-							
Job Title/Rank:		Supe	ervisor:				
Number of Hours per week:							
Previous Employer:				Dates From	/	To	/
Address:							
City:	State: _		Zip Code: _				
Work Phone: ()							
Position:	Sup	ervisor:					
Number of Hours per week:	Circle	e: Full Time	e / Part Time	/ On Contract	Gross Mont	thly Salary \$	
Other Income:	Source:						
Alimony: \$	Paying		Child Su	upport: \$		Paying	
\$	Receivin	g		\$		Receiving	

BANK INFORMATION _____ Address: _____ Name: Checking Acct. #____ _____ Savings Acct. # _____ Credit Cards/Charge Accounts: Payment: Balance: Payment: ______ Balance: _____ Credit Cards/Charge Accounts: _____ ______ Payment: _______ Balance: _____ Loan Type: _____ Loan Type: Payment: Balance: Please use reverse side of application if needed for additional Credit Card/Charge Accounts and/or Loan Information. **Personal References:** Home Phone: (_____) Name: Address: ____ Home Phone: (_____)____ Address: IN CASE OF EMERGENCY Closest Relative (Not listed as Personal Reference or living with Applicant) Relationship _____ Address: Home Phone: (_____) _____ Have you ever been evicted or unlawful detainer filed against you? Yes_____ No____ Have you ever filed for bankruptcy? Yes____ No____ Have you ever been convicted of a felon or misdemeanor? Yes____ No____ If you answered YES to any of the above questions, please explain on the back of this form. Applicant understands and agrees that no water furniture will be accepted in the premises and no water furniture will be brought to the premises. If applicant is approved for occupancy, Applicant agrees to purchase Renter's Insurance prior to taking possession of the premises. Utilities must be transferred into applicants name prior to taking possession of the property. Applicant represents that the above information is true and correct and authorizes investigation and verification thereof. The applicant hereby gives **ELITE REALTY GROUP**, and its authorized agents, permission to utilize all of the above information to approve or disapprove this application for residency and accepts all conditions stated on this application for residency. Application Fees are \$40 per adult and are disbursed as follows: \$20 Cost of Credit Report and Tenant Performance Report (U.D. Search) and \$20 for Administrative costs. By signing this application you have certified that the above stated information is correct and is completed to its entirety.

Applicant Signature

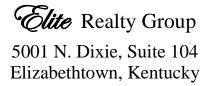
Date



RENTAL VERIFICATION

The undersigned has applied for a property with Elite Realty Group. As part of the application approval process we would appreciate you taking the time to answer the questions below. Any additional information you might provide to further assist the application process would be most appreciated (**this form must be filled out by the landlord**).

RESIDENT NAME:	
SS# (Last four):	
ADDRESS:	
LEASED FROM:	TO:
HAS RESIDENT/S GIVEN PROPER	NOTICE?:
IS RENTAL ACCOUNT SATISFACT	ГОRY?:
IS ACCOUNT IN ARREARS?:	
IF YES, BALANCE DUE:	
NUMBER OF LATE PAYMENTS: $_$	
HAVE YOU HAD TO FILE UNLAW	FUL DETAINER?:
LEASE VIOLATIONS DURING RES	SIDENCY:
WOULD YOU RECOMMEND?:	
ADDITIONAL INFORMATION:	
INFORMATION PROVIDED BY:	
BY SIGNING THIS FORM PERMISS APPLICANT	SION IS GRANTED TO SUPPLY THIS INFORMATION APPLICANT
DATE	DATE
We appreciate your assistance in this r	
PLEASE (natter. If you have any questions, please feel free to contact us. CALL OR FAX TO ELITE REALTY GROUP
PLEASE (
PLEASE (CALL OR FAX TO ELITE REALTY GROUP
PLEASE (CALL OR FAX TO ELITE REALTY GROUP



EMPLOYMENT and INCOME VERIFICATION

The undersigned has applied for a property with Elite Realty Group. As part of the application approval process we would appreciate you taking the time to answer the questions below. Any additional information you might provide to further assist the application process would be most appreciated (**this form must be filled out by the employer**).

APPLICANT NAME:	
SS# (Last four):	
EMPLOYMENT DATE:	
HOURS PER WEEK:	
HOURLY WAGE:	
MONTHLY SALARY AMOUNT:	
ADDITIONAL INFORMATION:	
INFORMATION PROVIDED BY:	
SIGNATURE:	
BY SIGNING THIS FORM PERMISSION IS GRANTE	ED TO SUPPLY THE REQUESTED INFORMATION
APPLICANT	APPLICANT
DATE	DATE
We appreciate your assistance in this matter. If you have PLEASE CALL OR FAX TO Phone# (270) 765-6565	DELITE REALTY GROUP
Sheri McFarlane	Date
Property Manager	